

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090344

1. Entity Name

TAM REALTY & DEVELOPMENT, INC.

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90002 007 \*\*\*550.00

Principal Place of Business

2085 NW 60TH AVENUE  
OCALA FL 34482

Mailing Address

2085 NW 60TH AVENUE  
OCALA FL 34482

2. Principal Place of Business

2855 SE 58 AVE

3. Mailing Address

2855 SE 58 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA, FL

4. FEI Number

59-3363361

Applied For

Not Applicable

Zip

34471

Country

MARION

Zip

34471

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FANNON, JOHN H  
2085 NW 60TH AVENUE  
OCALA FL 34482

JOHN H. FANNON  
2089 N.W. 60 AVE  
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME FANNON, JOHN H  
STREET ADDRESS 2085 NW 60TH AVE  
CITY-ST-ZIP Ocala FL

TITLE VP ☐ Delete  
NAME ELLIS, JOE  
STREET ADDRESS 2855 SE 58TH AVE  
CITY-ST-ZIP Ocala FL 34472

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14, 2000 6942800  
Daytime Phone #

CR2E034 (5/00)